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EDITORIAL

LEPROSY RELIEF IN SOUTH INDIA

Leprosy is a loathsome disease, dating its existence from remote antiquity and extending its ravages to all parts of the Globe. It is not known whether leprosy existed in India amongst the Dravidians or whether it was introduced by the Aryans. But we learn from the Aryan scriptures that rigid isolation of lepers was enforced and matrimonial alliance with a leper was strictly forbidden. The Aryans went even to the cruel length of driving the lepers away or drowning them. Lepers were told that it was their religious duty to burn themselves. The miserable life they had to lead in their villages or outside the area lead many to make pilgrimages to holy places having a reputation for curing leprosy.

These measures of isolation must certainly have checked the spread of leprosy in those days but the Muhammadan conquest of India later, lead to a mingling up of the races through conversions and the like and probably helped in the dissemination of the disease in this country. After the establishment of the British rule in India, trade, commerce and industry began to flourish and people went to Burma, Malay States, Africa and other places, where leprosy was prevalent and sanitation was far from satisfactory, contracted the disease, returned to the villages and spread it among their families and neighbours. Thus, the previously unaffected areas came to be affected with leprosy.

To-day, we have leprosy in all parts of India. It is estimated that there are half a million lepers now in the whole of India—a staggering figure indeed and sufficient to convince the state and the public the need for a vigorous anti-leprosy campaign with a view to the early eradication of the disease. The number of lepers dur-

ing the last decade, has increased, according to the census report by 44.2 per cent while the increase in the population is only 10.6%. The increase is well marked in Madras and in some of the districts in Madras, it is 2½ times more than the 1921 figure. In Bihar and Orissa, the increase is 25%, in Central Provinces 56% and in Bengal 34.62%. A higher percentage is even likely, for the enumeration of lepers during census cannot be said to be accurate, owing to reluctance on the part of the people, especially in well-to-do families, to return their leper members as such.

It is generally believed that leprosy is an infectious and contagious disease. This is the old traditional belief practically all over the world and laws were enacted in many countries to segregate lepers and prevent contact between healthy people and the lepers. During the nineteenth century, however, Danielsen and his followers challenged the belief in the infectiousness of the disease and this resulted in the slackening of efforts at segreation in some countries. Towards the end of the nineteenth century when Hansen discovered the lepra bacillus, the pendulum swung back again. Jonathan Hutchinson subsequently put forward the theory that leprosy was caused by fish eating and this caused a temporary diversion in the method of prevention by means of segregation. But the methods adopted in Norway which included the strict segregation of patients in institutions and in their own houses, have established beyond doubt the infectiousness of leprosy and the efficacy of segregation. Leprosy figures in Norway during nearly three-quarters of a century, between 1857 and 1930, came down from 2858 to 69.

There are three methods open for stamping out leprosy, viz. (1) Propaganda (2) Segregation and (3) Treatment. Propaganda is essential in a country like India, where people are illiterate and their sanitary consciousness is at a low ebb. So long as leprosy does not kill patients like cholera or other infectious diseases, people do not trouble themselves much about it, though in the later stages, in burnt up cases, there is a sort of aversion to the patient and a sense of disgust. In the earlier stages of leprosy, where the infectivity is highest and the symptoms have not sufficiently manifested themselves, there is free contact between the patient and the members of the household—nay even the neighbours and, if the patient is the resident of a village, the entire village population. The question now arises as to why certain persons especially those who actually nurse lepers do not catch the infection while others totally unconnected with them contract the disease. It is explained as due to the power of resistance in some and the lack of it in others. In the course of investigation of the leprosy problem that has recently been undertaken in India, the ideas of body resistance, racial and individual immunity and so on, have all been applied but they failed to explain the facts. Contact is undoubtedly a big factor and effective steps must be taken to isolate patients. The method suggested by Dr. T. Santra in a paper read at the Calcutta Conference is simple and worthy of adoption. He says, " Let every village headman keep a record

of infectious an non-infectious cases. Those of the infectious cases who are too poor to isolate themselves in their own houses, may be provided with huts outside the village. In urban areas at any rate, factories could be compelled not to employ any more infectious cases and then carrying out the existing law preventing infectious lepers from pursuing certain trades could be insisted on. Treatment should be arranged in all endemic areas.".

In Chaulmoogra Oil, there is an efficacious medicine for the successful treatment of leprosy. But the treatment is costly and prolonged and is beyond the means of the poor. Leprosy clinics should therefore be established in all taluq centres where treatment should be given to the poor, gratis. The recent conference held at Calcutta advocated the setting up of non-official leprosy boards in endemic areas in order to arrange for co-operation between different bodies engaged in anti-leprosy work. They advocated further the more thorough organization of the training of doctors and health workers and the establishment in endemic areas of special leprosy clinics to act as centres of treatment, of preventive work and of training for medical men.

The conference has already borne fruit. In Madras, arrangements are being made to give effect to its recommendations. In fact, Madras leads the way in anti-leprosy work and one of the greatest centres of activity is the Salem Dt. In that district, there are now 34 clinics with 13,856 patients on their rolls. The clinics are generally held eight times a month with an average attendance of 58 in each clinic. We learn that a sum of Rs, 25,000 was collected by a leper day propaganda in that district. This is indeed a happy augury and we congratulate the organizers of this movement on their initial success.

The leper day held a few days back in Madras was not very encouraging. Only a sum of Rs. 6,000 was collected-a very poor response indeed. But, this does not mean that the citizens of Madras have no soft corner in their hearts for lepers. Perhaps, the notice was short and people did not fully realise the urgency and seriousness of the situation. We hope Madras will rise equal to the occasion at the next opportunity and contribute liberally towards the amelioration of the lot of those poor, helpless lepers, who are dragging on a miserable existence, by man, forgotton, by God, forsaken.

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1. *Leprosy in India—Vol. V. No. 4. Oct. '33.*

2. *The Indian Medical Gazette. Oct. '33.*

Law men are not long-lived; intense thinking wears out their bodies. Medical men live longer, as they seldom employ their thoughts beyond their fee.—American Medicine.

THE IMPORTANCE OF CHILD WELFARE IN TUBERCULOSIS PREVENTION *

BY

RAO BAHADUR DR. M. KESAVA PAI, O.B.E. M.D.,

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It is now a well recognized fact that infection with tuberculosis almost invariably occurs in infancy and early childhood. Tuberculous infection is ubiquitous in all civilized communities, as tuberculosis is universally prevalent in all countries. Till recently a few regions in the interior of America, Australia, India and Africa were free from tuberculosis but the establishment of railway and other communications with free intercourse with infected countries has carried the infection into these remote places so that to-day tuberculosis can be said to be generally prevalent in all parts of the world.

The newly born child is free from tuberculosis even when the parents suffer from the disease. It is only after birth that the child imbibes the infection from the parents or from the persons in whose midst it has to live and grow. The closer the contact with a tuberculous person the greater the chances of infection and the larger the quantity of infection imbibed. Thus for instance when the mother suffers from consumption especially of an advanced type the child runs the greatest risk of imbibing the infection from the mother who handles her baby.

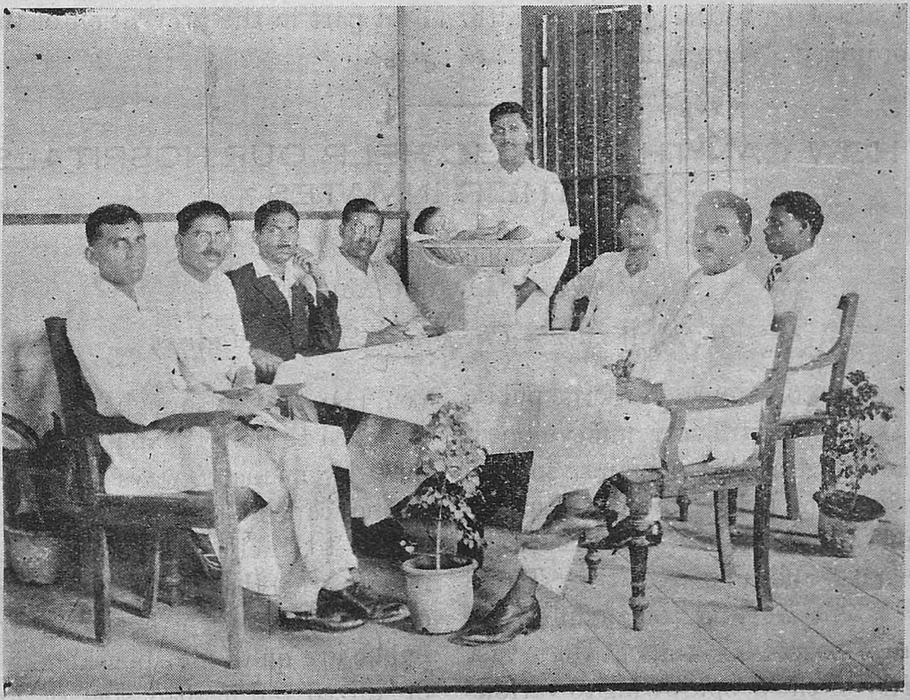
By what is known as the Grancher system first installed in France, it has been proved that whilst ordinarily at least 60% of children born of tuberculous mothers and brought up in the same house as the mother's, develop active tuberculosis, much less than ½ percent of children develop the active disease if separated from the consumptive mothers immediately after birth and transferred to families in the country known to be healthy for being brought up and looked after, till they grow into healthy children of school-going age. Similarly by applying the same system to bovines i.e., by separating the calves from the tuberculous mothers and destroying the latter, tuberculosis amongst cows has been completely stamped out in the country of Denmark. The Grancher system has now been on its trial for over twenty years in France and other countries and the results obtained therefrom in the prevention of tuberculosis amongst the children of tuberculous parents have been most decisive.

The Grancher system has thus proved in a practical form the important place that child welfare holds in the prevention of tuberculosis. Where the separation of the child from its mother is impossible or impracticable the next best course is to minimize the chances of infection by preventing the mother from nursing the baby and by segregating it as far as possible

* Being the eighth of the series of Radio Lectures delivered last year (Sep. 32) and specially sent to 'Health' for publication.

within the house and feeding it either on healthy cow's milk or by the employment of a healthy wet nurse. Once the child grows into a healthy young adult the chances of infection taking root are reduced to a minimum and the incidence of the active disease in the general population is considerably decreased. In a few words, prevention of infection in the infant and proper care bestowed on the feeding, cleanliness and general attention to the growing child minimize the occurrence of the active disease and lessens the incidence of it in the whole community at all ages.

Ante-natal care is also of great importance in tuberculosis prevention. The care of the infant must in fact begin while it is growing in the womb of the mother. Proper feeding of the pregnant mother and due attention to personal hygiene during pregnancy are essential for ensuring the birth of a healthy child. Ante-natal and post-natal child welfare therefore ought to go together in improving the standard of health of the child population especially in the period up to 10 years of life, before the question of tuberculosis prevention can be successfully tackled.



Babies' Day during Health Week Celebration in Virudunagar.
Here the Baby is being weighed by the Municipal Health Officer —a post-natal measure helpful in determininig the cause of disease in under weight children.

Luckily for us the germ of tuberculosis, unlike other disease producing germs like those of typhoid, cholera and the common infectious diseases prevalent in human society, takes a much longer time to produce the symptoms of the disease than the germs of these other diseases. The time elapsing between the entry of the disease germ into the body and the manifestation of

the disease i. e., the incubation period of the disease is short in the case of diseases like typhoid fever, cholera, plague, influenza etc., being a few days or even hours, whilst the incubation period of tuberculosis is several weeks, months or even years. Therefore, though it is difficult to prevent the onset of typhoid fever, cholera etc., when living in the midst of infection, it is comparatively very easy to do so in the case of tuberculous infection by proper attention to the general health. The ordinary 'acute' infections are difficult to prevent even when the bodily health is good, whereas tuberculous infection very rarely takes root in a body with good general health.

Tuberculosis being pre-eminently a disease of early childhood and adult life, the better the general bodily physique in the child population, the less the chances of tuberculous infection taking root and committing havoc in the community as a whole. This is why child welfare plays a very significant part in the prevention of tuberculosis.

HOW CAN THE PUBLIC HELP OUR HOSPITALS AND THEIR INMATES?*

BY

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The civic consciousness of the public in India is still very undeveloped, and as long as that remains so, the attitude of the public towards hospitals is bound to be narrow, unsatisfactory, overcritical and unappreciative. There is a latent feeling of indifference towards hospitals among the vast majority of the people owing to various reasons-insufficient knowledge, inborn prejudices, baseless rumours, etc. It would therefore seem strange indeed to the majority of the people in our country if the question how they could help our hospitals and their inmates is put to them. In fact the question need not look strange. A little reflection in the matter will convince any ordinary person of three simple facts, viz., (1) that although hospitals are intended to help the public, there are indeed very many ways by which the public can, and in some respects are bound to, help them and also their inmates, (2) that mutual help and co-operation between hospitals and the public are quite indispensable in a well organized and healthy society and (3) that the question, which is taken here as the subject of the essay, is a well thought out, pertinent and pressing one. I shall try to explain below some of the ways by which the public can easily help our hospitals and their inmates.

1. Hygienically the public can do (and are bound to do) a great deal of help to hospitals and their inmates.

* An essay which was awarded first prize by the National Health Association of Southern India at a General Public Health Essay Competition held in March 1933, and specially sent to Health for publication.

Hospitals are intended to provide clean accommodation and timely and suitable treatment to the sick and the injured. We know that lack of cleanliness is the primary cause in a country like India for the spread of disease and the unparalleled high rate of mortality. Absence of clean habits prolongs the period of recovery from illness and increases pain and needless suffering. For this reason only all the hospitals in the world are very strictly kept most clean and tidy and the authorities and servants there are compelled to be equally clean and tidy. While hospitals in other countries are said to be kept very neat and clean by the authorities with the intelligent co-operation of the public, we often find, to our great sorrow, quite a different and lamentable state of affairs in India. Some people spit and sneeze without a handkerchief in the verandhas and inside the hospitals. It is not uncommon to find the walls and floors disfigured and spoiled by such acts of vandalism. Some women, who take their children inside the hospitals, do not find anything wrong in allowing them to freely pass urine and dirty the floor with other reprehensible practices like spitting on the floor. A good many go inside the hospitals wearing very unclean clothes which may contain germs of every possible variety, and thus cause the quick spreading of infectious diseases within hospitals. Others, who had come from long distance walking with bare- feet, deposit all the germ-infected dirts on the hospital furniture like benches, chairs, etc., which are set aside for the convenience of the public. Some persons who suffer from, and who had come to hospitals for treatment of contagious diseases, do not, either due to ignorance or carelessness or fear, reveal the fact that they are suffering from virulent complaints, but freely mix with other unsuspecting visitors and patients, and thus spread infectious diseases within hospitals. Thus, by many ways, the public, either

How influenza is spread to healthy passengers in a Railway Compartment by an infected person coughing. Similarly in hospitals too, infectious diseases may spread.

due to apathy or ignorance, are daily committing nuisance in hospitals and disseminating the germs of horrible diseases both within and without hospitals. From this aspect the public can help the hospitals and their inmates by remembering and observing a few simple, elementary, but highly useful points such as:—

(i) Spitting must not be indulged in inside the hospitals, and if at all it becomes necessary, it must be done in a place specially reserved for that purpose by the hospital authorities.

(ii) When sneezing, a handkerchief may be used.

(iii) The floors and walls of hospitals should not be decorated with the filthy putrid matter that oozes out from itches and other nasty sores.

(iv) Children should be taken inside

the hospitals as rarely as possible, and when they do visit the place, they must be previously instructed to behave themselves properly, or, if the children are quite young, they must be guarded from making the floors and walls dirty. If at all any disturbance in respect to cleanliness has been made, immediate care must be taken to see that the place is cleaned well.

(v) At each time of going to hospitals only clean dress must be worn. There is no harm in taking a clean bath or at least cleaning the hands, legs and face before starting for hospitals.

(vi) It need hardly be mentioned here that walking with bare-feet in the dirty roads is a practice attended with pathetic consequences as the chances of catching the infection are increased. Even poor people should have footwear. If, in cases, where persons have been prevented by extreme poverty from securing some effective protection against contagion by walking with bare-feet, they should be compelled to clean their feet and hands before they enter hospitals. The hospital authorities would do well to set aside a tap for this purpose somewhere near the entrance so that visitors coming in may be given facilities to wash themselves preliminary to their entrance to the wards, this attention being made compulsory in the case of the less respectable class who form the majority of visitors, not unlike the way in which 3rd class passengers going to and from Ceylon are forced to have bath in an enclosure put for the purpose. Persons wearing sandals should leave them at the entrance in a place specially reserved for that purpose. If shoes or boots are being used, it would be advisable to clean them anew with brush and duster which the hospitals can easily provide without any extravagant outlay.

(vii) The benches, chairs etc., which are placed in hospitals for the use of the visiting public should be kept in as neat a manner as possible.

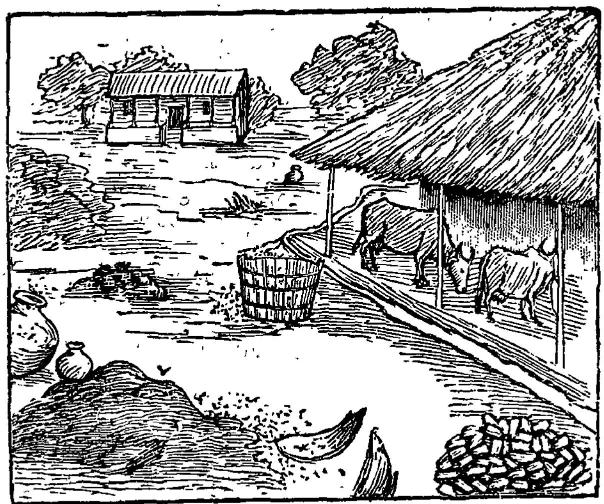
(viii) It is not altogether impossible that germs of infectious diseases might spread in hospitals through the medium of books, newspapers, magazines, dress, foodstuffs, etc., which very many sympathetic people send to patients in hospitals. So, great care must be taken by those people who send these articles to see that they are as clean as possible.

(ix) When visiting any one of the patients in a hospital, care must be taken to see that no disturbance is caused to the cleanliness, order as well as quiet of the place. Conversation must be as subdued as possible, as disturbance with noise tends to prevent the recovery of illness.

(x) Persons suffering from contagious diseases, when they go to hospitals for treatment, must not mix themselves with other persons whether they may be visitors, in-patients or any body else, but sit in a separate place and take much precaution to see that they do not cause infectious diseases to spread out. Even when they are approached by other persons they must reveal the fact that they are suffering from contagious diseases and ask them to be very careful. This is all the more important in the case of patients whose condition is critical.

The public will also be helping the institutions and their inmates if they take

care to see that surroundings of hospitals are kept very clean. Even when chance, necessity and facility occur, they should not spoil the surrounding area and make the atmosphere unclean and unhealthy. It is needless to elaborate here the many ways in which a place can be made unhygienic. The aim of hospital authorities should be as far as possible to build hospitals not in a densely crowded area of a city with its dust and din and bustle, but in an attractive rural area 'far from the maddening crowds' ignoble strife,' so that the disturbance caused by vehicular traffic may be at a minimum. But in cases where they are situated in crowded areas, the authorities can so construct the walls as to absorb a great part of the noise and dust. They can also persuade the Municipality or Corporation to see that the roads nearby are well tarred and frequently watered in order to prevent dust from rising up; also they can request the Government, if they have not already done so, to pass rules to the effect that near hospitals fast driving, frequent and unnecessary horning, etc., can be minimised just as the Railways caution drivers about the speed they should put on. Moreover, all around and inside hospital compounds good trees such as margosa, etc., should be planted. These trees serve a double purpose firstly: by preventing any dust from coming inside the hospitals and secondly by making the surrounding atmosphere clean and helping flow of pure and cool breeze besides providing a refreshing scenery in the lovely green foliage of the trees.



UNHEALTHY BACK-YARD HOUSE REFUSE. COW-DUNG HEAP.

To be avoided in the neighbourhood of a hospital.

2. Both when visiting the patients and when trying to get examined medically, or when receiving medicines, strict silence should be maintained as far as possible within hospital premises. The importance of silence can hardly be exaggerated. In certain extremely critical cases when the life of the patient may be hanging by a thread liable to be snapped at any moment, the value of rest is too obvious for further elaboration. Noise generally wears down the powers of resistance of the patients. So we see also that the public can render invaluable assistance to hospitals and their inmates by making a very judicious and considerate use of the tongue. As explained before, near hospitals busy locomotion will be a great nuisance. Besides the jarring noise it will raise clouds of dust which would further spread fresh germs. Particularly people who drive cars and buses can do a useful service here. In some nursing

homes the authorities even warn motorists against making noise.

3. The public can also render hospitals great service in another manner by inducing the people who are suffering from severe illness and dangerous infectious diseases but who owing to ignorance, prejudice or mistaken orthodoxy shrink from the prospect of going to places like hospitals prefering "to bear the ills they have than fly to others they know not of" and only seek refuge there when it is too late. Hospitals are intended to minimise the havoc played by diseases and illness and to render service to the public needing medical help. So, by expelling the wrong prejudice on hospitals from the minds of foolish people and instilling into them the correct view on the matter, the public can render incalculable services.

4. One of the most common failings of human beings is to criticise the faults of others. They never take the trouble to appreciate the good actions, the sacrifices and the occasional sufferings of other men like doctors and nurses. We frequently hear from our neighbours complaints against hospitals and their management which tend to arouse prejudice on, and very bad opinion about, hospitals in the minds of uneducated and orthodox people, who, because of that, are averse to the idea of going to hospitals. These seeds of distrust bear generally rich and abundant fruits. Of course, hospitals in India, which are poor in finance, cannot, as a matter of fact, meet all the requirements that we need. So, the public must be sympathetic towards the limitations and insufficiensy of hospitals and instead of reproaching them for their unavoidable drawback must appreciate their timely help and service to the community. In hospitals several incurable cases are treated miraculously as a result of the good skill, zeal and care of good and learned doctors and nurses, and these should then and there be appreciated, which action will not only arouse much enthusiasm, satisfaction and increased attention in doctors and nurses, but also will surely expel all the prejudices on, and wrong conceptions about, hospitals from the minds of the uneducated and orthodox people. Thus, we all see that by sympathising with the hospitals and appreciating their good services and help through the medium of newspapers, the public will indeed be great helpers to hospitals (and their inmates as far as doctors and nurses are concerned.)

5. The public will be great helpers to both hospitals and their inmates if they could sincerely subscribe their mite to increase the funds invested for the maintenance and upkeep of such useful institutions. A part of the money squandered on unnecessary and expensive and occasionally harmful luxuries, if diverted to the philanthropic channel of hospitals, would be such a blessing to the community. But it is not only by monetary contributions however valuable and useful they may be that a sympathetic public can aid hospitals. Gardeners can help by supplying good and fresh fruits. Landowners, similarly, can help by supplying foodstuffs free or at very nominal rates, millowners clothes, and so on. In most of the western countries like England a good many of the up-to-date

hospitals are supported by private endowments or by contributions from municipalities. India can very well take lesson on this matter from the west. Nor are rich people wanting in India among the Zamindars and other land-owning aristocracy or industrial magnates who can easily set aside something of their vast savings for the cause of hospitals.

6. The public can help hospitals and their inmates by giving their service to them, which can be done in several possible ways. People who are educated and who have still the 'milk of human kindness' in them can go to hospitals and inquire kindly into the welfare of their inmates and inspire some hope (asd epression of spirit is the worst enemy of human being), courage by their sympathetic talk, soothing words (which work more miraculously than medicines in quickly curing patients of their ailments), etc., and calmness of the mind. As diversion of mind from painful thoughts to interesting matters is a sure way of renewing health and strength, they can also tell good stories, which, young patients especially, will hear with great interest. The services of music can be enlisted in this matter. Gramaphone records can be used at convenient places without in any way causing a disturbance to others. Recently an experiment was tried by an association in a local hospital and it was found to be very successful. The groans of the suffering vanished and smiles appeared on their faces as as they heard the famous artistes. Healthy literature may also be supplid.

The public must consult the authorities in hospitals whenever they want to do any help or service to the inmates of hospitals. Otherwise more harm will be done to them than good although the object and efforts have been to bring good.

Although the usual meaning for the word 'inmates' (of hospitals) may be in-patients, it ought to extend to doctors, nurses and other minor employees. Doctors and nurses work day and night for the sake of their suffering citizens and although they are paid for that, the real value of their inestimable services cannot be calculated in terms of hard cash. They therefore deserve every encouragement and possible help. They can be given, by the help of public contribution, treats, entertainments, etc., just to relieve their monotony and cheer their spirits which are likely to be damped by monotony and over-work. Here also it must be noted that it is safer and better to help such 'inmates' with the explicit consent and the active co-operation of the management.

The public doctors can help hospitals and their inmates with their medical service and money if possible.

7. The public will indeed be good helpers to hospitals and their inmates if they do sincerely report then and there to hospital authorities whatever defects they find within hospital compounds, such as ill-treatment by nurses, servants, indecent behaviour and bad supply of diet to in-patients, etc. The hospital authorities, in the welfare of patients, their fellow citizens, ought to take such reports seriously and go into the matter impartially.

8. The public will be helpers to hospitals and their inmates if they

with precaution observe hygienic rules, prevent diseases from attacking them and maintain good health, in as much as by doing so they not only lessen the works, troubles and money difficulties of hospitals but also do not throng in hospitals and be a great disturbance to victims of unavoidable diseases and injuries.

9. The part that newspapers can play in this good cause can hardly be over-estimated. Besides criticising with appreciation of the meritorious services and pointing out with restraint and moderation their limitations, the newspapers can draw the attention of the authorities to any improvements that can be made, grievances that may be remedied and defects that ought to be removed. They can appeal through these columns for funds for particular hospitals, even collect subscription for them as newspapers occasionally do for other charitable concerns.

10. The theatres and dramatic halls can render eminent services to hospitals by setting aside a day's contribution for their upkeep. Amateur as well as professional actors also can contribute their mite. Benefit performances, the proceeds of which can be devoted to hospitals for their general or specific needs, will not be an unsuccessful or an unremunerative way of helping hospitals with money which "is the last reason in all things".

11. Further, it may also be mentioned that the ways in which the public can assist hospitals would vary according to the type and class of hospitals. The method and manner of helping a mental hospital will not be the same as that of a maternity or an ophthalmic hospital. Each of them presents a separate set of problems but since it would be beyond the scope of this essay to examine minutely the ways to be adopted in the case of such different types, I shall content myself by making the broad general statement that the process of co-operation need not be uniform and that local conditions and peculiar needs of such institutions ought to suggest to an interested and sympathetic public the best ways in which hospitals of all classes may be helped. If there is the proper spirit among the public, then the methods of help, the channels of co-operation, are easy to find. So, the most indispensable factor is the willingness, the sympathetic mental outlook, the desire for co-operation, which ought to be the foundation on which the whole fabric of public support ought to be built.

12. Moreover, it is not altogether an impracticable suggestion that an Advisory Committee consisting of eminent citizens and able doctors who have set up private practice, may be set up in a purely advisory capacity to draw the attention of the authorities to very grave defects. They need not have any power in the internal management but can be effective means of communication between the public and the hospital management, a transmitting medium whereby the messages from the public can be conveyed to the medical headquarters. In western countries such advisory committees perform very useful functions; the official waters can be prevented from stagnating by the gentle breeze of such non-official co-operation. Similar boards are functioning in the Railway department and other branches of administration with beneficient results.

INSOMNIA OR SLEEPLESSNESS

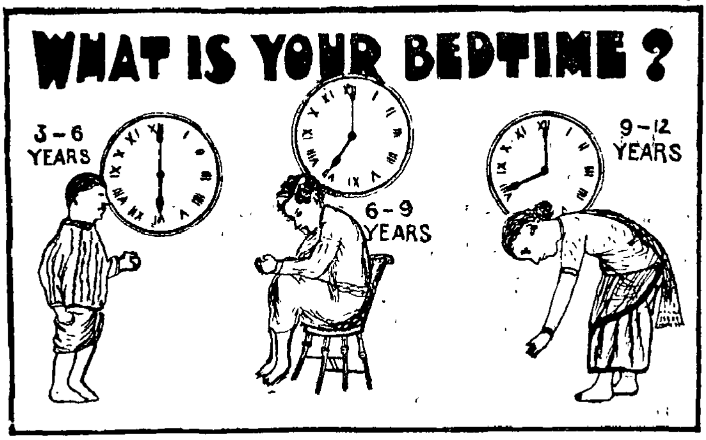
BY

N. Ramakrishnan,

Vellore.

Insomnia or complete loss of sleep is one of the many ailments that affect mankind. Sound sleep is quite necessary in as much as it gives complete rest to the body and the mind; and this is why sleep is called the "Nature's Sweet Restorer." It is no wonder therefore that one who is deprived of this gift of Nature suffers, in course of time, from many other diseases.

Insomnia is chiefly caused by (1) overeating, (2) want of adequate physical work and exercise, (3) presence of any chronic or acute disease, (4) excessive use of coffee, tea and tobacco, (5) living in ill-ventilated houses, (6) excess of work or pleasure and, (7) mental worries, anxieties and fears.



Children's Bed-time. They must practise going to bed at regular hours.

In order to overcome this troublesome ailment, the following natural ways of treatment must be observed at its very inception :—

1. Never sleep immediately after a meal; but let there be an interval of at least two hours between the meal and the time of going to bed. Be regular in eating and going to bed.

2. Take a short and mild walk in the open air after supper as this facilitates sound sleep. Never go to bed with the idea that you will not get sleep.

3. Take light exercises both morning and evening and take hot water bath immediately after the same.

4. Sleep always in well-ventilated rooms so as to secure sufficient amount of fresh cool air.

5. Avoid constipation which tends to disturb sleep.

6. Drink a cup of hot milk just before retiring; sleep on comfortable beds which are neither too soft nor too hard.

7. Place your hands and legs in a comfortable and convenient posture and let the head be on a little higher level than the body by having it rested on a pillow.

8. Avoid all thoughts, worries and anxieties when going to bed. On the other hand, have a cheerful and contented mind.

9. If the disease is chronic, take a cold hip-bath or foot-bath just before retiring.

10. Ensure quietness while sleeping and never try to get into the habit of using any narcotic or drug which will bring harm rather than cure.

BLINDNESS IN INDIA *

INDIA is a land of blindness. Much of the blindness is preventable and a great deal is remediable. The incidence of blindness in India is relatively higher than in other countries. There are $1\frac{1}{2}$ million totally blind persons in India and $4\frac{1}{2}$ million with more or less damaged vision. In Bihar and Orissa, there are 83 per 100,000 blind. The main causes of blindness are " Babies sore eyes," eye diseases due to illnutrition, neglected trachoma (granular lids), cataract, glaucoma (a disease more or less of advanced age), injuries to the eyes, small-pox and irritant remedies to the eye.

Infantile ophthalmia

One of the most common causes of blindness is the inflammation of the eyes of the newborn babies. This disease is easily preventable and timely treatment may cure the disease. It has been noticed that more than 30 per cent of the inmates in blind schools became blind due to the neglect or improper treatment of the malady.

The disease might be prevented by observing a few simple precautionary measures:—

(1) Immediately after the birth of the baby, wipe the eyes and its surroundings, dry with a clean cloth. Soon afterwards wash these parts with clean tepid water. Don't allow the washed water to get into the child's eyes.

(2) Put 1 per cent solution of silver nitrate into the eyes or get a doctor or a trained *dai* to do it.

(3) If the baby gets sore eyes, there is a profuse yellow discharge from the eyes which occurs a few days after it is born and the lids become red and swollen. The discharge is very infectious and may produce the disease in other people if conveyed to the eyes. If treatment is not prompt, the baby's eyes may be lost. So consult a doctor. But in the meantime, keep the eyes as clean as possible by frequently cleansing away the discharge with small pieces of clean rags. Use each rag only once and burn them after use.

(4) A simple wash, such as one tea-spoonful of common salt to a pint of boiling water, should be prepared and lukewarm water from this can be used frequently, without doing any harm.

(5) A little vaseline may be smeared along the edges of the eyelids to prevent them from sticking.

(6) Never put any strong irritant remedies in the eyes, as advised by lay people but always follow the advice of the doctor which can only save the eyes of the baby.

A few hints to prevent blindness.

(1) Never forget to wipe the baby's eyes and its surroundings dry with a clean cloth as soon as it is born and wash these parts with clean tepid water. Try to get a doctor or a trained *dai* to put silver nitrate drops as soon as possible. It would prevent "Babies sore eyes" in almost all cases. Better to care for your baby's eyes than to have him blind.

(2) Don't fail to give your child sufficient and proper nourishing food. Milk prevents blindness in children.

* A pamphlet issued by the Public Health Organisation Dept. Gobindpur and specially sent to " Health " for publication.

(3) "Good vaccination saves more eyes than all the eye hospitals put together in India." So seek out the village vaccinator and get your babies vaccinated as soon as possible. Children should be re-vaccinated at intervals of five years.

(4) Remember that eyes may become affected in general diseases like measles, whooping cough, typhoid, cholera or epidemic dropsy. Ask the doctor about the condition of the eye every day in such illness.

(5) Don't allow your children to play with sharp and pointed articles. The eyes may be injured or lost.

(6) Remember that glaucoma (a disease more or less of advanced age) can be cured and the vision can be restored in cataract in most cases by a successful operation. Never allow a concher to treat your cataract. You will lose your eye.

(7) Lastly, don't forget that eye troubles are never to be taken lightly. Consult your doctor or go to a hospital at once. Never allow irritant drugs to be put in your eyes by hawkers professing to cure eye diseases.

CABBAGE CONTAINS ALL IMPORTANT VITAMINS

BY

ROYAL S. COPELAND, M.D.

Ancient races knew a good deal about right living. It is probable they knew about vitamins, even if they did not use scientific terms in describing them. The famous Roman, Cato, recommended the cabbage, that homely member of the vegetable realm, for a part of the diet in every family.

Why is cabbage quite unique in the vegetable world? Well, it is curious that here is a vegetable that has in it all the vitamins—the necessary life-promoting properties in food which give to certain of them the name "protective foods." Cabbage is one of those protective foods.

Cabbage contains large quantities of the important vitamins. All vegetabls contain more or less of the mysterious vitamins, but cabbage possesses them to such an extent that the normal person who can digest it derives much benefit from its inclusion in the diet.

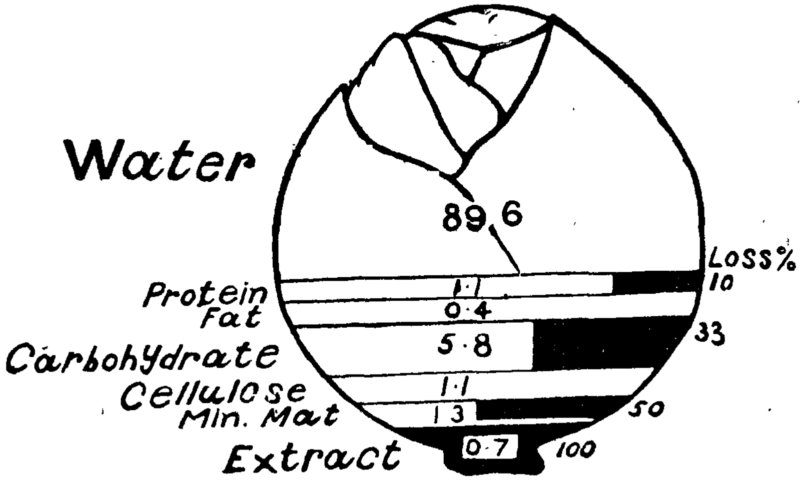
Just how the vitamins perform their function we do not know. We do know that good teeth, the bones of the body, firm tissues, and strong bodies demand an unfailing supply of minerals. Lime, iron, phosphorus, sulphur, and all the other chemicals are essential to the repair and growth of the body. The vegetables supply all those.

Vegetables perform another useful function for us. The intestinal passage cannot function properly without substance. It needs foods that give bulk and roughage to excite the muscular action of the bowels. In this, the coarser vegetables, like cabbage, are very valuable. We need to get back to the coarser foods of our forefathers. Too much refined food is being used in our day. We do not eat enough foods

that need to be thoroughly chewed. In this respect, the eating of raw cabbage as salad is of great good.

For another reason it is good to eat cabbage raw. You derive the benefit of all the rich minerals and vitamins from cabbage when eaten raw. It is well known that, in boiling cabbage, the method commonly used in cooking this vegetable, the water is poured off it and with it goes much of the important vitamins and minerals. Steaming is a much better method of cooking, as it retains all of these.

Cabbage is important because of its "antiscorbutic." or scurvy-preventing factor. The lime compounds in it give it bone-building properties. All can afford to have it, as it is cheap, and very palatable.



CABBAGE CONTENTS.

Most normal, healthy people can digest cooked cabbage, but the invalid had better omit it from the diet, as it is hard to digest. Raw cabbage should be masticated thoroughly.

It is a mistake not to be systematic in choosing foods. Don't forget that you will be just as healthy and efficient as you are careful, so include in your diet the essential foods that go to make up a sound body. Don't forget the vegetables, and include cabbage. (Pittsburg *Sun-Telegraph*)—*Health for All.*

THE GREATEST KILLER OF ALL

TUBERCULOSIS, formerly the chief cause of disease, has fallen into sixth place in the list of major causes of death, while heart disease has increased until it has become chief of all the great slayers. The following figures, furnished by the statisticians, show the annual mortality rate from the six leading diseases:

Heart disease	... 332,000
Cancer	... 151,000
Pneumonia	... 125,000
Accidents	... 100,000
Kidney disease	... 95,000
Tuberculosis	... 87,000

Heart disease has increased to a terrifying rate during the last quarter of a century. The reason for this is not regarded as wholly clear, but some facts have been elicited by the careful study of the subject being made by many eminent investigators. It is known that the heart is often seriously damaged by acute infec-

tious rheumatism, a disease which most often affects children and adults under thirty. This cause accounts, perhaps, for one-third or possibly forty per cent of the cases.

Degeneration of the heart and blood vessels accounts for perhaps one-fourth of the entire number of cases. In many of these there is known to be a hereditary predisposition, although of course the disease itself cannot be inherited.

Vice diseases are the cause of a considerable number of cases ; but at least one-fourth of all the cases are due to causes not designated by the statisticians. In the writer's opinion, these cases are probably caused by factors which contaminate the blood stream with poisons of various sorts. Most active of these causes is the stream of poisons poured into the blood from neglected colons. Metchnikoff and his pupils proved that indol and skatol, two colon poisons, cause hardening of the arteries when given to young animals. The almost universal constipation and bowel infections with which civilized people suffer, may well be, as Metchnikoff maintained, the active cause of old age. There are strong grounds for believing that old age is not a physiologic phase of the human life cycle, but a disease which, like other maladies, may be influenced in the direction of prevention at least to such a degree as to notably promote senility.

Another potent source of blood contamination is tobacco. Experiments on various species of animals and by various investigations have shown beyond a chance for doubt that the poisons of tobacco are most active causes of arteriosclerosis. Nicotin and digitalis are designated by such eminent authorities as Prof. Plesch of Berlin, as most active causes of destructive changes in the blood vessels.

Both Huchard and Boix of Paris have shown that alcohol, pepper, mustard and other poisons when circulated in the blood, cause arteriosclerosis and other degenerative changes in the tissues.

In view of these factors, it is evident that at least a part of the havoc of human life due to heart disease might be prevented by a change of habits. Every doctor says to his smoking patient who has heart disease or hardened arteries, "Cut out your smoking."

That tobacco damages the heart is no secret. Not infrequently old smokers become so sensitized to tobacco that a few whiffs of the smoke will produce unbearable symptoms. Dr. Osler told of such a case, a man who could not pass through a room where persons were smoking without suffering a violent attack of asthma.

A change of habits, suppression of smoking, and the general adoption of a biologic mode of life, would undoubtedly notably decrease death rate from tobacco, perhaps save one hundred thousand lives annually. — *Good Health (U. S. A)*

HOW TO AVOID INFLUENZA

1. Avoid contact with other people as far as possible. Especially avoid crowds indoors, in cars, theatres, cinemas, and other places of public assemblage.

2. Avoid persons suffering from cold, sore throat, and cough.

3. Avoid chilling of the body or living in rooms with a temperature below 65 deg., or above 72 deg. Fahr.

4. Sleep and work in clean, fresh air.

5. Keep your hands clean, and keep them out of your mouth.

6. Avoid expectorating in public places, and see that others do likewise.

7. Avoid visiting those who have the disease.

8. Eat plain, nourishing food, and avoid alcoholic stimulants.

9. Cover your nose with your handkerchief when you sneeze, your mouth when you cough. Change handkerchief frequently. Promptly disinfect soiled handkerchiefs by boiling or washing with soap and water.

10. Keep your feet warm. Wet feet demand prompt attention. Wet clothes are dangerous, and must be removed as soon as possible. Don't worry.—*Good Health* (*London.*)

HEALTH TIT-BITS.

Can skin absorb moisture?—From time to time I get after the ideas of a doctor who conducts a column in a newspaper. He is a very dogmatic chap—no doctor, by the way, should be a dogmatist—and sticks to some of his pet notions with a pertinacity worthy of better causes.

Every now and then he scoffs at the idea that the skin can absorb moisture. He may be right in thinking that the skin cannot absorb fluid or moisture; but he has no right to dogmatise about it.

I have made one or two observations that seem to go counter to his theory.

My first observation is that a tobacco chewer gets the effects of the tobacco through the skin or glands of the mouth, though perhaps in this case there is no actual absorption of moisture by the skin.

My second observation is important in this connection. Some years ago I spent some time in a hot, arid part of the west. The drinking water seemed to upset me, and for several days, I drank none of it. In consequence I became exceedingly thirsty, and it was only by a strong exercise of will power that I managed to refrain from drinking the water whose purity I suspected. One evening while I was in this parched condition, I went bathing in an irrigation ditch. I had not been long in the water when I began to feel an exquisite sensation of gratification, almost equal to the gratification I should have felt if I had actually drunk water. Never before or since have I felt so keen a sense of physical pleasure from bathing. I can attribute th's pleasurable sensation only to the circumstance that the skin of my body actually absorbed an appreciable

quantity of water.—*Dr. Charles Hooper, Coeur d'Alene, Idaho, (U. S. A.)*

* * * *

What is Dying?—I am standing upon the seashore. A ship at my side spreads her white sails to the morning breeze and starts for the blue ocean. She is an object of beauty and strength and I stand and watch her until at length she hangs like a speck of white cloud just where the sea and sky come down to mingle with each other. Then some one at my side says: "There! She's gone."

Gone where? Gone from my sight — that is all. She is just as large in mast and hull and spar as she was when she left my side, and just as able to bear her load of living freight to the place of destination. Her diminished size is in me, not in her; and just at the moment when some one at my side says, "There! She's gone," there are other eyes watching her coming, and other voices ready to take up the glad shout, "There she comes!"

And that is dying.—AUTHOR UNKNOWN.—*American Medicine.*

* * * *

Exercise essential for Health.—Our five hundred muscles make half the body weight. They are the source of animal heat and the driving force of the circulation. The heart is a muscle. An idle muscle is pale, its blood vessels are collapsed, and may become obliterated. When the muscles become weak from lack of use, the heart also weakens.—*Good Health. (U. S. A.)*

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Music and Health.—During an address delivered before the Music Teachers' Association in England, Mr. Stewart Macpherson thus described the manifold benefits of music:—

(*a*) Music can help to cultivate the rhythmic sense.

(*b*) It can train the ear as one of the gates of the mind and render people aurally observant.

(*c*) It could encourage in a peculiarly effective way habits of mental concentration and the power of quick decision.

(*d*) It can train memory.

(*e*) It can, through such channels, as the singing of the chord class contribute to better physical health and corporate action of a notable king.

(*f*) Through certain aspects of instrumental work, it can materially assist the co-ordination of the eye and heart and hand and therefore of the mental and the physical.

(*g*) It can open up to the growing mind the whole range of its great literature.

* * * *

Cleanliness helps avoid mouth cancer.—Keep your mouth healthy and get the best possible medical advice for any sore lasting more than two weeks if you would avoid cancer of the mouth, advises Dr. George E. Pfahler in *Hygeia.*

Cancer of the mouth develops from unhealthy tissues, usually from uncleanliness of the mouth and chronic infection. The conditions that indicate early cancer about the mouth are a pearly elevated or warty outgrowth on the lip, a fever blister that does not heal after two weeks, a persisting crack in the lip or repeated scab formations on the lip.

Inside the mouth the symptoms suggesting cancer are white patches occurring especially in smokers, ulcers or any sore lasting more than two weeks, any local hardness or any warty growth.

Excessive use of tobacco is a common cause of cancer of the mouth and lip. Formerly cancers of the mouth occurred much more frequently in men than in women. Now that some women smoke excessively it is probable that more of them will develop cancer of the mouth, Dr. Pfahler predicts.

If any of the symptoms persist more than two weeks, the sufferer should consult a competent physician without delay. Above all, he should avoid getting into the hands of quacks. Any physician who advertises or who pretends he has a secret formula for the cure of cancer is likely to be a quack. Reputable physicians depend for their reputations on their patients and they share their methods with other doctors in order that more people may benefit by them.—*Long Island Medical Journal.*

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Dress in Tropics.—Dr. J. B. Christopherson has written in the Journal of "Tropical Medicine and Hygiene" urging immediate reforms in the dress of Englishwomen 'who go out to take the tropics seriously." Dr. Christopherson is Physician for Tropical Diseases at the Freemasons' Hospital and Nursing Home, London. He has also acted as Tropical diseases physician and adviser to governors and universities and missions and has held positions in hospitals in tropical countries. He does not believe in the popular theory that mosquitoes prefer women to men but he is of opinion that mosquitoes have many more opportunities to bite women in the tropics for bare arms and thin stockings provide carriers of malaria and other fevers with an easy source of food. He, therefore, considers Cashmere stockings and long 'mosquito boots' to be safer though they may be less pleasant to wear. Speaking of European ladies' evening clothes, the expert points out that they present a special difficulty because many of the dangerous tropical insects are nocturnal in habit.—*The Burma Medical Times.*

BOOK REVIEWS

Nilgiri jottings on food value of vegetables.—*By Beatrice A. Vieyra.* Printed at the Basel Mission Press, Mangalore.

This is a very valuable book for house-wives, containing as it does the food value of the various vegetables and recipes for cooking. While the book deals mostly with English vegetables, there are also hints given for cooking a few country vegetables which will interest Indian women too. We heartily commend the book to our readers.

The Gardening Review.—A Monthly Journal published by Mr. C. V. Krishnaswami Aiyar of Messrs Rajam & Co., Garden Architects, Madras. Annual Subscription Rs. 3. Single copy As. 4.

We have perused with intense interest, the first number of this journal. It contains very good articles such as, soil: its formation and relation to plant life; the grass lawn; Insect pests of the garden etc., and we are sure the journal will prove to be of immense help to agriculturists and gardeners who are anxious to replace the old methods by a scientific system. We wish the journal a long life and a prosperous career.